

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation is identified below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owner and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA ID No.:**

PAR000023671

**Installation Address:**

MICRON TECHNOLOGIES  
435 CREAMERY WAY  
EXTON, PA 19341

**Mailing Address:**

435 CREAMERY WAY  
EXTON, PA 19341

**Attn:** MICHAEL PHILBIN, OPERATIONS SUPV

Form Approved OMB No. 2050-0028 Expires 12/31/02  
EPA No. 0246-EPA-OT

- 1 of 2 -

## ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.

4. Exempt Boiler and/or Industrial Furnace

- ☐ a. Smelting, Melting, and Refining Furnace Exemption

- ☐ b. Small Quantity On-Site Burner Exemption

- ☐ 5. Underground Injection Control

## C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

- ☐ 3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner

- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F 0 0 5	2 F 0 0 2	3 F 0 0 3	4 D 0 2 2	5 D 0 0 1	6 + D 0 1 9
7 + D 0 4 0	8 + D 0 0 4	9 D 0 0 3	10 + P 0 3 0	11 + D 0 4 0	12 + P 0 9 8

## B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic ☐

1	2	3	4

## C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1 + X 9 1 0	2 + U 0 5 6	3 + U 1 8 6	4	5	6
----------------	----------------	----------------	---	---	---

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

## XI. Comments

Pharmalytic is no longer at Exton, PA plant. MICRON TECHNOLOGIES has absorbed responsibility

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the instructions for addresses.)

ID - For Official Use Only

## IX. Description of Hazardous Wastes (Continued; Additional Sheet)

## A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13 0009	14 0002	15 0008	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96

## B. Toxicity Characteristic Hazardous Wastes. (See 40 CFR 261.24; Use this page only if you need to list more than 4 waste codes.)

5	6	7	8	9	10
11	12	13	14	15	16
17	18	19	20	21	22

RECEIVED  
MAY 7 2001  
PA Operations  
WCM, EPA Region 10



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ PAR000023671 10/02/96

INSTALLATION ADDRESS

PHARMALYTIC  
415 MOYER BLVD  
WEST POINT, PA 19486  
KAREN FELDTMOSE MGR

435 CREAMERY WAY  
EXTON, PA 19341





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 1/21/98  
Time Start 13:30  
Time Finish 14:30

## HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR☒ S Q GENERATOR

Company name Pharmalytic ID. Number PAR000023671  
Site Address 435 Creamery way, Exton PA  
County Chester Municipality W. Whiteland ZIP 19341  
Name of Inspector Paul Tardella  
Name & Title of Responsible Official Karen Feltmose / Kurt Feltmose  
Person Interviewed SAA Telephone (610) 66-5118  
Mailing Address (if different from above) P.O. Box 573  
Amount of Hazardous Waste Generated per Month: \_\_\_\_\_ Pounds ~150 Kgs  
+ > 1 Kg acife.

## 1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Dnp Pad Other \_\_\_\_\_  
PBR: ☐ Neutralization/WWTP ☐ Reclaim Other \_\_\_\_\_  
Generator Treatment ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity HandlerUniversal Waste Types not detrid

## 3. Hazardous Waste Transporters:

Transporter Name AGTS License Number AH-0500  
Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_  
Transporter Name \_\_\_\_\_ License Number \_\_\_\_\_

## 4. Types of hazardous waste generated and destination facility (location &amp; type).

Waste Code	Waste Description	Destination Facility
<u>0001, 14, 22</u>	<u>see comments</u>	<u>Cum - Carrolton OH</u>
<u>F002, 3, 5</u>		<u>" - Flanders NJ</u>
<u>P030</u>		
<u>U012</u>		



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name Pharmadytic ID Number \_\_\_\_\_ Date 1/27/98

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS****1 2 3 4****REQUIREMENT****CHAPTER CIT.****LINE**

				<b>CONTAINERS (Subchapter I)</b>		
<input checked="" type="checkbox"/>				Containers managed in compliance with Chapter 265 Subchapter I	262.34	H025
<input checked="" type="checkbox"/>				Containers of hazardous waste in good condition	265.171	H026
<input checked="" type="checkbox"/>				Containers and stored waste compatible	265.172	H027
<input checked="" type="checkbox"/>				Containers kept closed except during addition or removal of wastes	265.173	H028
<input checked="" type="checkbox"/>				Containers managed to prevent leaks	265.173(b)	H029
<input checked="" type="checkbox"/>				Containers labeled to accurately identify contents	265.173(c)	H030
<input checked="" type="checkbox"/>				Container storage areas inspected at least weekly	265.174	H031
<input checked="" type="checkbox"/>				Special requirements for ignitable or reactive and incompatible waste complied with	265.176, 265.177	H032
<input checked="" type="checkbox"/>				Proper containment and collection systems in place	265.178(a)-(d)	H033
<input checked="" type="checkbox"/>				All storage requirements for ignitable or reactive wastes and nonignitable or nonreactive wastes met	265.178(e)	H034
<input checked="" type="checkbox"/>				Containers clearly marked with accumulation date and visible for inspection	262.34(a)(2)	H035
						H036
						H037
						H038
				<b>TANKS (Subchapter J)</b>		
<input checked="" type="checkbox"/>				Tanks labeled "Hazardous Waste"	262.34(a)(4)	H039
				Written certification by registered professional engineer for proper tank (system) design and installation on file	265.192	H040
				Secondary containment provided for tanks (systems) as required	265.193	H041
				Tanks (systems) managed to prevent rupture, leak, corrode or fail	265.194	H042
				Tanks labeled to accurately identify contents	265.194(d)	H043
				Required inspections completed and documented in operating log	265.195	H044
				Release reported to Department within 24 hours, unless exempted	265.196	H045
				Special requirements for ignitable and reactive wastes followed	265.198	H046
				SQ Generator complies with 265.201	262.34(e)(3)	H047



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name \_\_\_\_\_ ID Number \_\_\_\_\_ Date \_\_\_\_\_

1 - No Violation Observed    2 - Not Applicable    3 - Not Determined    4 - Non Compliance

**STATUS**

1	2	3	4	REQUIREMENT	CHAPTER CIT.	LINE
				<b>Containment Buildings (Subchapter T)</b>		
/				Building completely enclosed to prevent exposure to the elements	265.521(a)(1)	H048
				Meets special requirements if liquids present	265.521(b)	H049
				Primary barrier free of significant gaps, cracks and deterioration	265.521(d)(1)(i)	H050
				Level of hazardous waste within unit is below containment walls	265.521(d)(1)(ii)	H051
				Tracking of waste out of unit by equipment or personnel prevented	265.521(d)(1)(iii)	H052
				No visible dust emissions at doors, windows, vents, etc.	265.521(d)(1)(iv)	H053
				Professional engineer's certification placed in operating record	265.521(d)(2)	H054
/				Required inspections performed and logged in operating record	265.521	H055
						H056
						H057
						H058
						H059
/				<b>Drip Pads (Subchapter S)</b>		
				Engineer's certification of existing drip pads on file	265.501	H060
				Drip pad meets 265.503 design & operating standards	265.501	H061
				(a) nonearthen, sloped construction with berm to channel associated drippage to collection system	265.501(a)	H062
				(b) Has synthetic liner below the pad with properly constructed leak detection system	265.501(b)	H063
				Drip pads & collection system maintained to prevent deterioration	265.503(c)	H064
				Drip pads & collection systems designed to prevent run off	265.503(d)	H065
				Run-on/run-off control system maintained unless pad protected by a structure	265.503(e)	H066
				Release reporting requirements met	265.503(m)	H067
/				Drip pads inspected weekly and after storms when in operation	265.504(b)	H068
						H069
						H070
						H071
						H072
						H073



PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Bureau of Land Recycling and Waste Management  
P.O. Box 8550  
Harrisburg, PA 17105-8550  
OFFICIAL PENNSYLVANIA MANIFEST FORM

ATT #1

Form approved  
OMB No. 2050-0039

2500-FM-LRW/A005 REV. 12/96

UNIFORM HAZARDOUS  
WASTE MANIFEST

1. Generator's US EPA ID No.

PAR000023671

Manifest  
Document No.

30861

2. Page 1  
of 1

Information within the blue border is not  
required by Federal law but may be  
required by State law.

3. Generator's Name and Mailing Address

PHARMALYTIC

435 CREAMERY WAY  
EXTON PA 19341

A. State Manifest Document Number

PAE 8559902

B. State Gen. ID

SAME

4. Generator's Phone ( )

215 616-5118

5. Transporter 1 Company Name

6. US EPA ID Number

ADVANCED ENVIR TECH SRVS(AETS)

NJD080631369

C. State Trans. ID

PA-AHAAH0500-

7. Transporter 2 Company Name

8. US EPA ID Number

ENVIRONMENTAL TRANSPORT GROUP, INC. NJD000692061

D. Transporter's Phone (973) 347-7111

E. State Trans. ID NJDEP7107-55893

PA-AH0104

9. Designated Facility Name and Site Address

10. US EPA ID Number

CHEMICAL WASTE MANAGEMENT RESOURCE RECOVERY, INC.  
4301 INFIRMARY ROAD  
WEST CARROLLTON, OH 45449

OH D093945293

F. Transporter's Phone (973) 347-8200

G. State Facility's ID

N/A

H. Facility's Phone (513) 859-6101

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13.  
Total  
Quantity

14.  
Unit  
Wt/Vol

1.  
Waste No.

a. RQ WASTE FLAMMABLE LIQUIDS, TOXIC, n.o.s.  
(ACETONE, CARBON TETRACHLORIDE) 3, UN1992, II -  
(D001, F002, F003, D022) (BY806C))

002

DM

00800

P

F 0 0 3

J. Additional Descriptions for Materials Listed Above

Lab Pack

Physical State

Lab Pack

Physical State

a. LAL/I, T MIXED SOLVENTS, WATER

c. ☐

☐

K. Handling Codes for Wastes Listed Above

a. S01

c. ☐

15. Special Handling Instructions and Additional Information

PACKING SLIPS ATTACHED FOR CLARIFICATION

EMERGENCY PHONE 888 353-2387

16. GENERATOR'S CERTIFICATION:

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

MONTH DAY YEAR

Kurt Feagly

[Signature]

12 12 97

Printed/Typed Name

Signature

MONTH DAY YEAR

THOMAS C. BRIDGE

[Signature]

12 12 97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

MONTH DAY YEAR

[Signature]

[Signature]

12 12 97

19. Disposal/Indication Space

LINE # SENT TO AN ALTERNATE TSD LOCATION - AETS - LEDEN LANE  
FLANDERS, NJ 07836 (NJ D093945293) (973) 347-1909

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

MONTH DAY YEAR

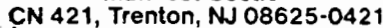
CHAUDE H. PROJEK

[Signature]

12 12 97

PAE 8559902

5



Form Approved OMB No. 2050-0039 Expires 9-30-97

Information in the shaded areas  
is not required by Federal law.

**NJA 2831369**

H. Facility's Phone (512) 47-1968

Waste No. \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

b. Special Handling Instructions and Additional Information		d.		b. 501		d.	
---	--	----	--	--------	--	----	--

PACKING SLIPS ATTACHED FOR IDENTIFICATION. CONSUMER PHONE 800 353-2287.  
IT IS REQUESTED TO RETURN THIS.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Month      Day      Year

122797

Month      Day      Year     

127254

Year	1990	1991	1992	1993	1994
Value	10.00	12.00	15.00	18.00	20.00

122897

*(The following information was obtained from the records of the Department of Social Services, State of New York, Division of Child Welfare, Office of the Commissioner, Albany, New York.)*

Month Day Year

122477

**In case of an emergency or spill immediately call the state the emergency occurred in, and the N.J. Dept. of Environmental Protection and Energy. (609) 292-7172**



# MARYLAND SPECIAL MEDICAL WASTE MANIFEST

Maryland Department of the Environment  
Waste Management Administration

Hazardous Waste Program 2500 Broening Hwy. Baltimore, Maryland 21224

(410) 631-3344

ACCOUNT # 383227

Please print or type.

1. Generator's Identification No. <div>S M W</div>					2. Manifest Document Number <b>SMA 0682904</b>									
3. Generator's Name and Mailing Address <b>PHARMATYIC</b>					5. Generator's Site Address <b>435 CR. A. H. STREET</b> <b>EXT. 100</b>									
4. Generator's Phone (410) 616-5124					6. State Hauler No. <b>SMH</b> <div>0 0 3</div>									
6. Transporter 1 Company Name <b>STERICYCLE, INC.</b> <b>2510 ERICK STREET</b> <b>BALTIMORE, MD 21230</b>					7. Transporter I.D. No. <div>S M W 0 0 0 0 0 0 2 4 1</div>									
10. Transporter 2 Company Name <div>S M W</div>					11. Transporter I.D. No. <b>SMH</b>									
14. Designated Facility Name and Site Address <b>STERICYCLE, INC.</b> <b>2510 ERICK STREET, BALTIMORE, MD 21230</b>					16. Facility Mailing Address <b>2510 ERICK STREET</b> <b>BALTIMORE, MD 21230</b>									
15. Facility's Phone (410) 783-1400					<div>S M W 0 0 0 0 0 0 2 4 1</div>									
17. Description of Waste		18. Containers No./Type		19. Total Quantity		20. Unit Wt./Vol. (P, Y, or K)		21.						
a. REGULATED MEDICAL WASTE, 6.2, UN 3291, II		1 4.5 BX				POUNDS								
b.														
c.														
d.														
22. Special Handling Instructions and Additional Information.														
23. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above and are classified, packed, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Maryland Statutes and Regulations.														
X Printed / Typed Name					Signature					Month Day Year 11/13/57				
24. Transporter 1 Acknowledgement of Receipt of Materials					Cert. No.									
25. Transporter 2 Acknowledgement of Receipt of Materials					Cert. No.									
26. Discrepancy Indication Space														
27. Facility Owner or Operator: Certification of Receipt of materials covered by this manifest.														

In case of an emergency or spill, immediately call the MDE at (410) 974-3551.

16117  
ATT#2

SMA 0682904

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## INSPECTION REPORT COMMENTS

Date of inspection 1/27/98 Identification Number PAR000023671Company/Facility/Site Name Pharmalytic

This routine hazardous waste small quantity generator inspection of the above facility was done by Department Solid Waste Specialist Paul Jardel along with Analytical Chemist, Mr. Kurt Fegley and Ms. Karen Feltmose, Lab Manager of the above facility. During this inspection the following was observed:

This facility, onsite since 1/97, is a contract testing lab, mainly for the pharmaceutical industry. It was previously located in West Point, Montgomery Co. Hazardous waste solvent is generated by four HPLC units and other activities such as particle size micronization that generates pharmaceutical bulk active wastes. Many of the pharmaceutical wastes may not be RCRA hazardous, but are managed as such by company policy. Lab chemicals such as Arsenic and Potassium Ferrocyanide are lab packed

Satellite accumulation areas are present in all labs. Safety cans, glass gallon jugs, and plastic gas cans are used for this purpose. This practice is permissible by 262.34(c), so long as the containers are accurately labeled. The facility should be aware of the satellite accumulation rule regarding acutely hazardous wastes, specifically P030 listed CN wastes, that allow for only one quart to be accumulated prior to transfer to the storage area.

The hazardous waste storage room provides adequate secondary containment. Two 55 gal. dms. of properly labeled hazardous wastes were present. The containers were labeled as organic/HPLC waste and Chlorinated waste ( $\text{CH}_2\text{Cl}$ , DCM etc.) respectively. Also in the room were waste HEPA filters contaminated with pharmaceutical bulk active wastes. The filters were stored in a cardboard box that has a clear plastic bag over top of it. This container should be properly labeled so as to identify the contents according to 262.34(a)(3). A small container holding Hg clean up waste should also be labeled.

Manifests (see att #1) indicate that the facility generates appx. 150 kg./mo. of hazardous waste and appx. 1 kg./mo. of acute hazardous waste. The facility classification (SQG) is accurate.

The facility micro lab runs routine cultures for the detection of contaminants, including TPC and Y&M etc. The generated infectious waste is managed by Stericycle, and transported offsite under a Maryland manifest (att. #2).

A copy of the current hazardous and municipal waste regulations were given to the facility at this time. No violations were observed during this inspection.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) \_\_\_\_\_ Copy mailed to facility \_\_\_\_\_ Date 2/2/98  
Inspector (signature) *[Signature]* \_\_\_\_\_ Date 2/2/98



Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

PAR . . . 23671

## II. Name of Installation (Include company and specific site name)

PHARMALYTIC

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

435 CREAMERY WAY

Street (Continued)

City or Town

EXTON

State

Zip Code

PA

19341-

County Code

County Name

029

CHESTER

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

415 MONER BLVD

City or Town

WEST POINT

State

Zip Code

PA

19486-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

FELDTMOSE

KAREN

Job Title

Phone Number (Area Code and Number)

MANAGER

215-616-5101

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

## VII. Ownership (See Instructions)

## A. Name of Installation's Legal Owner

BPSI

Street, P.O. Box, or Route Number

1936 WEST POINT PIKE

City or Town

WEST POINT

State

Zip Code

PA

19486-

Phone Number (Area Code and Number)

215-699-7733

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X No

(Date Changed)

Month

Day

Year



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Refractory
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☒
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒
- D022 D008 D009

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F002	2 F003	3 F005	4 F004	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

K. Feldman

Name and Official Title (Type or print)

KAREN FEIDTMOSE  
LABORATORY MANAGER

Date Signed

9/18/96

## XI. Comments

BAH/12 9/24/96

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)